

STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN

1

## QUARTERLY FINANCIAL REPORTING FORM

Submitted on 11/17/2003 3:55:02 PM

		1
1.	FOR THE QUARTER ENDING:	September 30, 2003
2.	Name:	ACCESS DENTAL PLAN
3.	File Number:(Enter last three digits) 933-0	318
4.	Date Incorporated or Organized:	January 14, 1993
5.	Date Licensed as a HCSP:	December 22, 1993
6.	Date Federally Qualified as a HCSP:	N/A
7.	Date Commenced Operation:	April 4, 1994
8.	Mailing Address:	555 University Avenue, Suite 182, Sacramento, CA 95825
9.	Address of Main Administrative Office:	555 University Avenue, Suite 182, Sacramento, CA 95825
10.	Telephone Number:	(916) 922-5000
11.	HCSP's ID Number:	68-0291842
12.	Principal Location of Books and Records:	555 University Avenue, Suite 182, Sacramento, CA 95825
13.	Plan Contact Person and Phone Number:	Samia Zumount, Esq (916) 563-6035
14.	Financial Reporting Contact Person and Phone Number:	Timothy Benson (916) 563-6085
15.	President:*	Reza Abbaszadeh, DDS
16.	Secretary:*	Thomas Joseph Dooley
17.	Chief Financial Officer:*	Brent Alan Seegmiller
18.	Other Officers:*	Tahereh Abbaszadeh, Treasurer
19.		
20.		
21.		
22.	Directors:*	Mark Steven Tanaka, Chairman
23.		Reza Abbaszadeh, DDS
24.		Thomas Joseph Dooley
25.		Emery Bevington Dowell
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	signature required (please type for valid signature)
33. Secretary	signature required (please type for valid signature)
34. Chief Financial Officer	Brent A. Seegmiller
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. Check if this is a revised filing, and complete question 7 on page 2:	<input type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here:	<input type="checkbox"/>

Check My Work.

Revision 6-20-2003

**STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN**

## QUARTERLY FINANCIAL REPORTING FORM

### SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="v"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	Yes <input type="button" value="v"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="v"/>
4.	Have the Restricted Assets changed from the previous quarterly filing? If "yes", complete Schedule A-2 (Restricted Assets).	No <input type="button" value="v"/>
5.	Are there any significant changes reported on Schedule G, Section III?	No <input type="button" value="v"/>
6.	If "yes", describe:	
7.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

## REPORT #1 ---- PART A: ASSETS

1	2
<b>CURRENT ASSETS:</b>	Current Period
1. Cash and Cash Equivalents	9,545,902
2. Short-Term Investments	566,691
3. Premiums Receivable - Net	2,381,117
4. Interest Receivable	109,886
5. Shared Risk Receivables - Net	0
6. Other Health Care Receivables - Net	1,496,047
7. Prepaid Expenses	708,412
8. Secured Affiliate Receivables - Current	1,907,565
9. Unsecured Affiliate Receivables - Current	440,862
10. Aggregate Write-Ins for Current Assets	149,719
11. TOTAL CURRENT ASSETS (Items 1 to 10)	17,306,201
<b>OTHER ASSETS:</b>	
12. Restricted Assets	1,579,843
13. Long-Term Investments	7,248,282
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	574,624
18. TOTAL OTHER ASSETS (Items 12 to 17)	9,402,749
<b>PROPERTY AND EQUIPMENT</b>	
19. Land, Building and Improvements	0
20. Furniture and Equipment - Net	744,443
21. Computer Equipment - Net	337,215
22. Leasehold Improvements -Net	270,324
23. Construction in Progress	576,173
24. Software Development Costs	49,380
25. Aggregate Write-Ins for Other Equipment	49,342
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	2,026,877
27. TOTAL ASSETS	28,735,827
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS</b>	
1001. Inventory	71,119
1002. Administrative Fee Receivable	33,389
1003. Affiliate Mortgage Loan - Current	45,211
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	149,719
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS</b>	
1701. Security Deposits	86,827
1702. Affiliate Mortgage Loans - Long-Term	487,797
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	574,624
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT</b>	
2501. Vehicles - Net	49,342
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	49,342

## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

## REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
<b>CURRENT LIABILITIES:</b>	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	304,900	XXX	304,900
2. Capitation Payable	8,500	XXX	8,500
3. Claims Payable (Reported)	2,714,259	6,588	2,720,847
4. Incurred But Not Reported Claims	2,536,304	3,751	2,540,055
5. POS Claims Payable (Reported)	0		0
6. POS Incurred But Not Reported Claims	0		0
7. Other Medical Liability	0		0
8. Unearned Premiums	1,367,636	XXX	1,367,636
9. Loans and Notes Payable	0	XXX	0
10. Amounts Due To Affiliates - Current	0	XXX	0
11. Aggregate Write-Ins for Current Liabilities	3,259,165	0	3,259,165
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	10,190,764	10,339	10,201,103
<b>OTHER LIABILITIES:</b>			
13. Loans and Notes Payable (Not Subordinated)	0	XXX	0
14. Loans and Notes Payable (Subordinated)	0	XXX	0
15. Accrued Subordinated Interest Payable	0	XXX	0
16. Amounts Due To Affiliates - Long Term	0	XXX	0
17. Aggregate Write-Ins for Other Liabilities	2,761,257	XXX	2,761,257
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	2,761,257	XXX	2,761,257
19. TOTAL LIABILITIES	12,952,021	10,339	12,962,360
<b>NET WORTH</b>			
20. Common Stock	XXX	XXX	300,000
21. Preferred Stock	XXX	XXX	0
22. Paid In Surplus	XXX	XXX	344,757
23. Contributed Capital	XXX	XXX	0
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	15,053,909
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	74,801
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	15,773,467
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	28,735,827
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES</b>			
1101. Accrued Compensation	1,636,335		1,636,335
1102. Misc. Accrued Liabilities	643,827		643,827
1103. Accrued Broker Commission Liability	472,694		472,694
1104. Accrued Premium Tax Liability	137,675		137,675
1198. Summary of remaining write-ins for Item 11 from overflow page	368,634		368,634
1199. TOTALS (Items 1101 thru 1104 plus 1198)	3,259,165	0	3,259,165
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES</b>			
1701. Minority Interest	2,761,257	XXX	2,761,257
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	2,761,257	XXX	2,761,257
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS</b>			
2501. Unrealized Gain on Available for Sale Securities	XXX	XXX	74,801
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	74,801

## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
<b>REVENUES:</b>		
1. Premiums (Commercial)	10,136,656	29,715,176
2. Capitation	237,727	680,291
3. Co-payments, COB, Subrogation	762,734	2,204,842
4. Title XVIII - Medicare	0	0
5. Title XIX - Medicaid	9,187,106	26,474,251
6. Fee-For-Service	3,597,263	11,986,762
7. Point-Of-Service (POS)	0	0
8. Interest	157,157	507,772
9. Risk Pool Revenue	0	0
10. Aggregate Write-Ins for Other Revenues	-117,878	-311,042
11. TOTAL REVENUE (Items 1 to 10)	23,960,765	71,258,052
<b>EXPENSES:</b>		
<b>Medical and Hospital</b>		
12. Inpatient Services - Capitated	0	0
13. Inpatient Services - Per Diem	0	0
14. Inpatient Services - Fee-For-Service/Case Rate	0	0
15. Primary Professional Services - Capitated	4,072,844	12,214,992
16. Primary Professional Services - Non-Capitated	9,499,462	27,265,653
17. Other Medical Professional Services - Capitated	0	0
18. Other Medical Professional Services - Non-Capitated	1,873,607	5,731,849
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	0	0
20. POS Out-Of-Network Expense	0	0
21. Pharmacy Expense - Capitated	0	0
22. Pharmacy Expense - Fee-for-Service	0	0
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	948,071	2,712,162
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	16,393,984	47,924,656
<b>Administration</b>		
25. Compensation	1,426,517	4,017,289
26. Interest Expense	-11,294	8,871
27. Occupancy, Depreciation and Amortization	222,585	618,693
28. Management Fees	0	0
29. Marketing	1,707,931	5,208,501
30. Affiliate Administration Services	0	0
31. Aggregate Write-Ins for Other Administration	1,533,723	4,305,468
32. TOTAL ADMINISTRATION (Items 25 to 31)	4,879,462	14,158,822
33. TOTAL EXPENSES	21,273,446	62,083,478
34. INCOME (LOSS)	2,687,319	9,174,574
35. Extraordinary Item	0	0
36. Provision for Taxes	427,423	1,209,666
37. NET INCOME (LOSS)	2,259,896	7,964,908
<b>NET WORTH:</b>		
38. Net Worth Beginning of Period	16,081,781	14,634,769
39. Audit Adjustments	0	0
40. Increase (Decrease) in Common Stock	0	0
41. Increase (Decrease) in Preferred Stock	0	0
42. Increase (Decrease) in Paid in Surplus	0	0
43. Increase (Decrease) in Contributed Capital	0	0
44. Increase (Decrease) in Retained Earnings:	0	0
45. Net Income (Loss)	2,259,896	7,964,908
46. Dividends to Stockholders	-2,536,727	-6,844,897
47. Aggregate Write-Ins for Changes in Retained Earnings	-31,483	18,687
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	15,773,467	15,773,467

## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES</b>		
1001. Miscellaneous Income	96,794	300,076
1002. Minority Interest in Income of Subsidiary	-214,672	-611,118
1003.	0	0
1004.	0	0
1005.	0	0
1006.	0	0
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	-117,878	-311,042
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES</b>		
2301. Occupancy, Depreciation and Amortization	461,190	1,270,025
2302. Supplies	383,275	1,146,085
2303. Other Medical Miscellaneous Expenses	103,606	296,052
2304.	0	0
2305.	0	0
2306.	0	0
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	948,071	2,712,162
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES</b>		
3101. Office Expenses	445,029	1,565,756
3102. Professional Fees	351,764	687,634
3103. Taxes, Licenses and Fees (Excluding Income and Payroll Taxes)	335,469	1,006,016
3104. Bad Debts	133,670	518,904
3105. Other General and Administrative Expenses	267,791	527,158
3106.	0	0
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	1,533,723	4,305,468
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS</b>		
4701. Unrealized Gain on Available for Sale Securities	-31,483	18,687
4702.	0	0
4703.	0	0
4704.	0	0
4705.	0	0
4706.	0	0
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	-31,483	18,687
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS</b>		
4801.	0	0
4802.	0	0
4803.	0	0
4804.	0	0
4805.	0	0
4806.	0	0
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

## REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
<b>CASH FLOW PROVIDED BY OPERATING ACTIVITIES</b>		
1. Group/Individual Premiums/Capitation	10,107,354	30,137,975
2. Fee-For-Service	3,780,956	12,248,885
3. Title XVIII - Medicare Premiums	0	0
4. Title XIX - Medicaid Premiums	10,343,066	26,860,978
5. Investment and Other Revenues	279,459	788,547
6. Co-Payments, COB and Subrogation	762,734	2,204,841
7. Medical and Hospital Expenses	-16,425,499	-47,195,630
8. Administration Expenses	-4,432,497	-13,925,992
9. Federal Income Taxes Paid	-427,423	-1,323,666
10. Interest Paid	0	-20,166
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	3,988,150	9,775,772
<b>CASH FLOW PROVIDED BY INVESTING ACTIVITIES</b>		
12. Proceeds from Restricted Cash and Other Assets	500	500
13. Proceeds from Investments	4,000,000	11,350,000
14. Proceeds for Sales of Property, Plant and Equipment	0	0
15. Payments for Restricted Cash and Other Assets	0	0
16. Payments for Investments	-3,034,414	-10,807,114
17. Payments for Property, Plant and Equipment	-352,025	-931,260
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	614,061	-387,874
<b>CASH FLOW PROVIDED BY FINANCING ACTIVITIES:</b>		
19. Proceeds from Paid in Capital or Issuance of Stock	0	0
20. Loan Proceeds from Non-Affiliates	0	0
21. Loan Proceeds from Affiliates	0	0
22. Principal Payments on Loans from Non-Affiliates	0	0
23. Principal Payments on Loans from Affiliates	0	0
24. Dividends Paid	-2,536,727	-6,844,897
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-2,536,727	-6,844,897
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	2,065,484	2,543,001
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER	7,480,418	7,002,901
29. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	9,545,902	9,545,902
<b>RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:</b>		
30. Net Income	2,259,896	7,964,908
<b>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</b>		
31. Depreciation and Amortization	153,604	453,826
32. Decrease (Increase) in Receivables	1,144,091	-236,121
33. Decrease (Increase) in Prepaid Expenses	127,945	-394,368
34. Decrease (Increase) in Affiliate Receivables	170,259	-50,104
35. Increase (Decrease) in Accounts Payable	-133,130	-3,373
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	-77,456	830,638
37. Increase (Decrease) in Unearned Premium	-60,496	350,165
38. Aggregate Write-Ins for Adjustments to Net Income	403,437	860,201
39. TOTAL ADJUSTMENTS (Items 31 through 38)	1,728,254	1,810,864
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	3,988,150	9,775,772
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES</b>		
2501.	0	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Item 25 from overflow page		
2599. TOTALS (Items 2501 thru 2503 plus 2598)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME</b>		
3801. Minority Income	214,672	611,118
3802. Accrued Salaries	-24	224,788
3803. Accrued Income Taxes, Premium Taxes and Miscellaneous Other Liabilities	188,789	24,295
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	403,437	860,201

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**REPORT #4: ENROLLMENT AND UTILIZATION TABLE****TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	13,679		21	13,658	39,260			0		0	
2. Medicare Risk				0				0			
3. Medi-Cal Risk	90,866	789		91,655	274,199			0		0	
4. Individual				0				0			
5. Point of Service				0				0			
6. Aggregate write-ins for Other	106,721	4,173	0	110,894	328,682	0	0	0	0	0	
7. Total Membership	211,266	4,962	21	216,207	642,141	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families	106,721	4,173		110,894	328,682			0		0	
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699, 698) (Line 6 above)	106,721	4,173	0	110,894	328,682	0	0	0	0	0	

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**SCHEDULE A-1 (CASH)**

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1. N/A for Qtrly Filing		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		0
10. Cash on Hand (Petty Cash)		
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		0

**SCHEDULE A-2 RESTRICTED ASSETS**

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
12. Wells Fargo Investments	07-1104016	50,000
13. Wells Fargo Institutional Securities	12660676	1,023,975
14. Citibank	307557	505,868
15.		
16.		
17.		
18.		
19. Total Restricted Assets		1,579,843

\* Indicate the Balance Per the HMO's Records

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## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

**SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)**

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable. Group the total of all other premiums receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.	N/A for Qtrly Filing					0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

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## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

**SCHEDULE D**  
**HEALTH CARE RECEIVABLES &**  
**AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES**

Individually list all debtors with account balances greater than 10% of gross Receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.	State of California	1,473,162				1,473,162
2.	Reza Abbaszadeh, DDS	2,098,322				2,098,322
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
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14.						0
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21.						0
22.						0
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24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed	1,967,426	394,056	237,411	698,108	3,297,001
55.	Total	5,538,910	394,056	237,411	698,108	6,868,485

\*\*

## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

## SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed - Due." Report accounts payable from the initial date of billing or due date under contract.

1	2	3	4	5	6	7
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
1. N/A for Qtrly Filing						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23. Aggregate Accounts Not Individually Listed - Due						0
24. Total	0	0	0	0	0	0

\*\*

**SCHEDULE G - UNPAID CLAIMS ANALYSIS**  
**SECTION I - CLAIMS UNPAID**

	1	2	3
Type of Claim	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			0
2. Physician Claims	2,720,847	2,540,055	5,260,902
3. Referral Claims			0
4. Other Medical			0
5. TOTAL	2,720,847	2,540,055	5,260,902

**SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)**

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims					0	
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	0	0	0	0	0	0

**SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED\***

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11.						
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0

\* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

\*\*

**STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN**

**SCHEDULE H - AGING OF ALL CLAIMS**

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0

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**STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN**

**SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID**

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag)
1. Current Quarter		XXX	0	
2. Previous Quarter			0	
3. Previous 2 Quarters			0	
4. Previous 3 Quarters			0	
5. Previous 4 Quarters			0	
6. Previous 5 Quarters			0	
7. Previous 6 Quarters			0	
8. Previous 7 Quarters			0	

\* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

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NOTES TO FINANCIAL STATEMENTS	
1.	See Separate Attachment.
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OVERFLOW PAGE FOR WRITE-INS	
1.	<b>Report #1 Part B: Liab. and Net Worth: Details of Write-Ins Aggregated at Item 11 for Current Liab.</b>
2.	<b>1105 Patient Account Credits \$368,634</b>
3.	<b>1198 Summary of remaining write-ins for Item 11 \$368,634</b>
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## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

**KNOX-KEENE**  
**SUPPLEMENTAL INFORMATION**  
**PURSUANT TO SECTIONS 1300.84.06, 1300.84.2 AND 1374.68**

	1	2	3	4	5
A.	<b>Explanation of the method of calculating the provision for incurred and unreported claims:</b>				
1.					
B.	<b>Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:</b>				
	<u>Name of Debtor</u>	<u>Nature of Relationship</u>	<u>Nature of Receivable</u>	<u>Amount</u>	<u>Terms</u>
2.	Dr. Reza Abbaszadeh	Owner, Officer & Director	Commercial Mortgages	2,098,322	1 Yr, 8%, Int only
3.	Asnaashari/Abbaszadeh Family Trust	Officer	Commercial Mortgage	433,008	7 Yrs, 7%
4.	CADCO	Shareholder Acquaintance	Residential Mortgage	100,000	10 Yrs, 7%
5.	Various - see notes	Employees / Other	Advances	250,105	Various
6.					
C.	<b>Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:</b>				
	<u>Donor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Valuation Method</u>	<u>Amount</u>	
7.	None				
8.					
9.					
10.					
11.					
D.	<b>Forgiven debt or obligations, as detailed below:</b>				
	<u>Creditor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Summary of How Obligation Arose</u>	<u>Amount</u>	
12.	None				
13.					
14.					
15.					
E.	<b>Calculation of Tangible Net Equity (TNE) and Required TNE in accordance with Section 1300.76 of the Rules:</b>				
16.	Net Equity			\$	15,773,467
17.	Add: Subordinated Debt			\$	
18.	Less: Receivables from officers, directors, and affiliates			\$	2,881,435
19.	Intangibles			\$	
20.	Tangible Net Equity (TNE)			\$	12,892,032
21.	Required Tangible Net Equity (See Page 22)			\$	2,271,382
22.	TNE Excess (Deficiency)			\$	10,620,650
F.	<b>Percentage of administrative costs to revenue obtained from subscribers and enrollees:</b>				
23.	Revenue from subscribers and enrollees			\$	7,837,634
24.	Administrative Costs			\$	1,350,370
25.	Percentage				17
26.	<b>The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees:</b>			\$	77,038
27.	Total costs for health care services for the immediately preceding six months:			\$	17,665,158
28.	Percentage				0

G. If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which <u>were or will be</u> paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:		1
29. Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:	\$	
30. Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:	\$	
31. Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:	\$	
32. An estimate of the amount of claims for noncontracting provider services incurred, but not reported:	\$	
33. Compliance with Section 1377(a) as determined in accordance with such section, as follows:		
34. Cash & cash equivalents maintained	\$	
35. Noncontracting provider claims (aggregate of total of items 29 - 32 above)	\$	0
36. Cash & cash equivalents reported to be maintained (120% x Line 35)	\$	0
37. Deposit required (100% of Line 36)	\$	0
38. Excess (deficient) reserves (Line 34 - Line 37)	\$	0
Percentage of premium revenue earned from point-of-service plan contracts:		
39. Premium revenue earned from point-of-service plan contracts	\$	
40. Total premium revenue earned	\$	
41. Percentage		0
Percentage of total health care expenditures incurred for enrollees for out-of-network services for point-of-service enrollees:		
42. Health care expenditures for out-of-network services for point-of-service enrollees	\$	
43. Total health care expenditures	\$	
44. Percentage		0
45. Point-of-Service Enrollment at end of period		
Total Ambulatory encounters for period for point-of-service enrollees:		
46. Physician		
47. Non-Physician		
48. Total		0
49. Total Patient Days Incurred for Point-of-Service enrollees		
50. Annualized Hospital Days/1000 for Point-of-Service enrollees		
51. Average Length of Stay for Point of Service enrollees		
52. Compliance with Section 1374.68(a) as follows:		
53. Current Monthly Claims Payable for out-of-network coverage or services provided under Point-of-Service Contracts:	\$	
54. Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under Point-of-Service contracts	\$	
55. Total	\$	0
56. Total times 120%	\$	0
57. Deposit (Greater of Line 56 or minimum of \$200,000)	\$	

**STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN**

**REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:**

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

Full Service Plans		Specialized Plans	
	1		2
<b>A.</b> Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
<b>B. REVENUES:</b>			
1. 2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$ 150,000
Plus		Plus	
2. 1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$ 707,460
3. Total	\$ 0	Total	\$ 857,460
<b>C. HEALTHCARE EXPENDITURES:</b>			
4. 8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 600,000
Plus		Plus	
5. 4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ 1,671,382
Plus		Plus	
6. 4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
7. Total	\$ 0	Total	\$ 2,271,382
8. Required "TNE" - Greater of "A" "B" or "C"	\$	Required "TNE" - Greater of "A" "B" or "C"	\$ 2,271,382

**KNOX -KEENE  
SUPPLEMENTAL INFORMATION  
PURSUANT TO SECTIONS 1374.64**

**POINT OF SERVICE TANGIBLE NET EQUITY CALCULATION**

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1	
1. Net Equity	\$	15,773,467
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	15,773,467
6. Required Tangible Net Equity (From Line 10 or 13 below)	\$	
7. TNE Excess (Deficiency)	\$	15,773,467
<b>ADJUSTED MINIMUM TANGIBLE NET EQUITY CALCULATION (Complete Section I or II):</b>		
<b>I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):</b>		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
<b>II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):</b>		
<b><u>PART A</u></b>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 24)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0
<b>III. MINIMUM TNE REQUIREMENT TO DETERMINE MONTHLY REPORTING</b>		
14. Line 5 (above)	\$	15,773,467
15. Multiply Line 6 (above) by 130%	\$	0
16. Difference (Line 14 - Line 15)	\$	15,773,467
<b>If Line 14 is less than Line 15, then monthly reporting is required</b>		

## STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN

## WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text" value="16,393,984"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text" value="4,072,844"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text" value="0"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="12,321,140"/>
5. Annualized	<input type="text"/>	<input type="text" value="49,284,560"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text" value="7,500,000"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="600,000"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text" value="49,284,560"/>
9. Less \$150 million	<input type="text"/>	<input type="text" value="41,784,560"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="1,671,382"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="2,271,382"/>



**STATEMENT AS OF 9-30-2003 OF 933-0318 ACCESS DENTAL PLAN**

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